

## State of Washington Application for a Water Right

For Ecology Use Fee Paid 50 Date 7/1/96

Please follow the a	ttached instr	ructions to a	avoid u	nnecessary d	elays.	ck#2479
Section 1. APPLICA	ANT - PER	SON, ORG	ANIZ	ATION, OR	WATE	ER SYSTEM
Name GORDON J. Mailing Address 6414 = City Spo Kawe	ANDE	RSON		Home Tel:( 5	09) 021	- 4919
Mailing Address 64/4 3	3. Dishma	n-Mich	hoy.	Work Tel:(	SA	MP.
City Spokane	State W	Zip+4992	06 +	FAX:(		-
Section 2. CONTAC	JI - PERSC	JN TO CA	LL AB	OULTHE	APPLIC	CATION
Name				_Home Tel:(	)	
Mailing Address						
City						
Relationship to applicant						
needed:	mit to use not mom a surface  See (See instruction of quantity to be used)  The see is proposed for th	water source of ARD Cotions.) NOTE 5 ACRE used in acre-fe	or $\square$ grows	ound water source number of continuous ar:	ce (check of the control of the cont	tach a "legal"  umber is not sufficient.
If SURFACE WATER			If GR	OUNDWATE	₹ 7	
Name the water source and lake, etc. If unnamed, wri "unnamed stream," etc.:  Lhester  Number of diversions:	te "unnamed sp:	ring,"	A perr	nit is desired for	+	well(s).
Source flows into (name of	body of water)	:	Size &	depth of well(s	):	
UNK		To BE DENLED LATER, 6				
LOCATION						
Enter the north-south and nearest section corner:	l east-west dis	stances in feet	from the	e point of dive	rsion or the	withdrawal to the  NoRTh LINC SECTION 4
_ '4 of	ection Townsh	nip Range(E/V	ν)	County	If location	of source is platted, complete below:

SpokANE Date Received: Priority Date: 6-17-90

Date Returned

SEPA: Exempt Not Exempt

FERC License #

Dept. Of Health #

Date Accepted As Complete

7-24-96

**APPLICATION** 

Appl. No.:

WRIA:

ECY 040-1-14 Rev. 12/94 F

## S329968

## Section 5. GENERAL WATER SYSTEM INFORMATION

A.	Name of system, if named: None
B. 44 5	Briefly describe your proposed water system. (See instructions.)  1ATER LIVE STOCK + GARDEN  The AGR. Pump, 120 FT TOTAL HEAD
C.	Do you already have any water rights or claims associated with this property or system?   PROVIDE DOCUMENTATION.
	tion 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION impleted for all domestic/public supply uses.)
A.	Number of "connections" requested: Type of connection
В.	Are you within the area of an approved water system? (Homes, Apartment, Recreational, etc.)  If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.
Com	plete C. and D. only if the proposed water system will have fifteen or more connections.
C.	Do you have a current water system plan approved by the Washington State Department of Health?   If yes, when was it approved? Please attach the current approved version of your plan.
D.	Do you have an approved conservation plan?  If yes, when was it approved? Please attach the current approved version of your plan.
	ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION complete for all irrigation and agriculture uses.)
A.	Total number of acres to be irrigated: 1765
B.	List total number of acres for other specified agricultural uses:
	Use Live Stock pasture Acres Use Acres Use Acres
C.	Total number of acres to be covered by this application: (5-acres)
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977)  Add up the acreage in which you have a controlling interest, including only:  ‡ Acreage irrigated under water rights acquired after December 8, 1977;  ‡ Acreage proposed to be irrigated under this application;  ‡ Acreage proposed to be irrigated under other pending application(s).
	<ol> <li>Is the combined acreage greater than 2000 acres?</li> <li>Do you have a controlling interest in a Family Farm Development Permit?</li> <li>If yes, enter permit no:</li> </ol>
E.	Farm uses: Stockwater - Total # of animals Animal type (If dairy cattle, see below) Dairy - # Milking # Non-milking



## Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

□ YES NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Sect A PA Provid 2 7 D1:	ion 9. DRIVING DIRECTIONS Spokane, Take 1-90 to Argone EXIT, ROX. 10 MILES, EAST. SOUTH ON ARGONE, CROSS SPRAGOE AVE. MILES, EAST. SOUTH ON ARGONE, CROSS SPRAGOE AVE. MILES CHAILED HOW, APPROX 5 MILES E USE NOW GOING SOUTH ON DISHMAN MICH NOY, APPROX 5 MILES OF BOXIST POINTS TO 64145, MILES SOUTH OF BOXDISH + DISHMAN - MICH TO 64145, MILES SOUTH OF BOXDISH + DISHMAN - MICH TO RIGHT, SAMAN - MICH HOY, GRAVEL DRIVEWAY TO RIGHT.
Sect	ion 10. REQUIRED MAP
Α.	Attach a map of the project. (See instructions.)  EAST-FROM DIVERSION APPROX. 500' Then SOUTH APPROX.  WEST  1000 TO SE CORNER OF SECTION 4  horizontal DISTANCE IS UNKNOWN  ion 11 PROPERTY OWNERSHIP
Sect	ion 11. PROPERTY OWNERSHIP
Α.	Does the applicant own the land on which the water will be used?  If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):
В.	Does the applicant own the land on which the water source is located?  If no, submit a copy of agreement: 10000 The Acretage Along  The creek As shown on MAP.
order and m	fy that the information above is true and accurate to the best of my knowledge. I understand that in to process my application, I grant staff from the Department of Ecology access to the site for inspection onitoring purposes. Even though I may have been assisted in the preparation of the above application by aployees of the Department of Ecology, all responsibility for the accuracy of the information rests with
Applic	ant (or authorized representative)  Date
Lando	wner for place of use (if same as applicant, write "same")    6-14-96     Date

is required by SEEA and find that it is: [] not an "action".

entegorically

SPUNATURE

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98503-0210
Section number(s) 3, 4, 9 \( \frac{1}{2} \) 10 is are incomplete or incorrect.	APPLICANT PLEASE RETURN TO THE (EPO) APPROPRIATE REGIONAL OFFICE in Enclosed
Explanation: See letter & Derections Sheet for details	Envelope.
Please provide the additional information requested above and return your ap	plication by August 10th

Date

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).